## LOS ANGELES COUNTY MANAGEMENT COUNCIL Creating and Strengthening Leaders!

FRED HUNGERFORD (Ret.)

KEITH KNOX MCKANDY LEDGER JONATHAN LUCAS RUBEN MARQUEZ MARCIA MAYEDA MORTEZA MOSTAFAVI DAVID TURLA

## LOS ANGELES COUNTY MANAGEMENT COUNCIL

## **APPLICATION FOR MEMBERSHIP**

|  | Name:            |        |  |  |
|--|------------------|--------|--|--|
| <u>OFFICERS</u>                            | Daniel Title     |        |  |  |
| RUTH A. WONG,                              | Payroll Title:   |        |  |  |
| Brigadier General USAF (Ret.)<br>PRESIDENT | Item No.:        |        |  |  |
| KASHARI S. JONES<br>VICE PRESIDENT         | Employee No.:    |        |  |  |
| <b>RITA TUFENKJIAN</b><br>SECRETARY        | Department Name: |        |  |  |
| <b>STEVEN HERNANDEZ</b><br>TREASURER       | Department No.:  |        |  |  |
| EXECUTIVE COMMITTEE                        | Office Mailing   |        |  |  |
| JIM ALLEN<br>ERIKA ANZOATEGU               | Address:         |        |  |  |
| ARLENE BARRERA                             |                  | Doom # |  |  |
| SHANNON DENBY<br>LISA GARRETT              |                  | Room # |  |  |
| JACKIE GUEVARRA – ED CHAIR                 |                  |        |  |  |

E-Mail Address:

|   |        |                 | DEDUCTION AGENCY NAME |      |       |   |                                       |   |                                     | DEDUCTION CODE                            |  |  |
|---|--------|-----------------|-----------------------|------|-------|---|---------------------------------------|---|-------------------------------------|---|--|--|
| LOS ANGELES COUNTY MANAGEMENT COUNCIL     |        |                 |                       |      |       |   | E0111                                 |   |                                     |   |  |  |
|   |        | •               |                       |      |       | DO NOT WRITE ABOVE THIS LINE  |                                       |   |                                     |   |  |  |
| EMPLOYEE NUMBER DEPT.I                    |        | DEPT.NO         | .NO EMPOYEE           |      |       | LAST NAME FIRST NAM   |                                       |   | IE .                                | M.I.                                      |  |  |
|   |        |                 |                       |      |       |   |                                       |   |                                     |   |  |  |
|   |        |                 |                       |      |       |   |                                       |   |                                     |   |  |  |
| NOT TO BE USED FOR COUNTY INSURANCE PLANS |        |                 |                       |      |       | I HEREBY AUTHORIZE THE AUTHOR OF THE COUNTY OF LOS ANGELES OR HIS AGENTS TO DEDUCT MONTHLY FROM SALARY EARNED BY ME IN ANY DEPARTMENT OR DISTRICT OF THE COUNTY OF LOS ANGELES. THE AMOUNT SHOWN HEREON AND TO PAY SAME TO: |                                       |   |                                     |   |  |  |
| CHANGE                                    | DEDUCT | ION AMOUNT      |                       | DEDU | JCT % | LOS AN  | LOS ANGELES COUNTY MANAGEMENT COUNCIL |   |                                     |   |  |  |
| INDIC.                                    | OLD    | NEW             |                       | OLD  | NEW   | IF ALL OR ANY PORTION OF THIS D   | DEDUCTION AUTHOR                      | IZATION INCLUDES INSURANCE PRE                                  | MIUMS AND/OR EM                     | PLOYEE ORGANIZATION                       |  |  |
| NEW                                       |        | 8               | 00                    |      |       | DUES, I ALSO AUTHORIZE THE AUDITI COMPLY WITH ADJUSTMENTS IN COL PLANS, OR TO COMPLY WITH DUES SO WITH SUCH ORGANIZATIONS' CONSTIT  | UNTY SUBSIDY AMOU                     | UNTS OR IN PREMIUMS UNDER EXI<br>INED BY SAID EMPLOYEE ORGANIZA | STING CONTRACTS<br>TIONS' GOVERNING | WITH SAID INSURANCE<br>BODY IN ACCORDANCE |  |  |
| REPL.                                     |        |                 |                       |      |       | THIS AUTHORIZATION CANCELS AN<br>AND SHALL REMAIN IN EFFECT UNTIL<br>AUDITOR, HIS AGENTS, OR THE COUN   | IL CANCELLED BY M                     | IE BY WRITTEN NOTICE. I EXPRES                                  | SLY UNDERSTAND                      | AND AGREE THAT THE                        |  |  |
| CANC.                                     |        |                 |                       |      |       | DELAY IN MAKING THE DEDUCTION OF  |                                       |   | E EMBLE III MITI III                | ANTEN TON TALEONE ON                      |  |  |
| STOP DATE                                 |        | LIMIT<br>AMOUNT |                       | 1    |       |   |                                       |   |                                     |   |  |  |
| PAYROLL DEDUCTION AUTHORIZATION           |        |                 |                       |      | DATE  |   | SIGNATURE OF EMPLOYEE                 | 76E562 9/79   | RBF 1677                            |   |  |  |

Please send the completed application and the Payroll Deduction Card to:

D'Nedra Fox LACMC - Membership 12900 Crossroads Parkway So. City of Industry, CA 91746